FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER 1st AMENDMENT AS FILED AFTER 2nd AMENDMENT END. DEP. DKD. DEP. WD. DEP. DND. DEP. IND. DEP. 0EA OND. 5.1 ī TOTAL **—**1 TOTAL _1 TOTAL DEP. TOTAL DEP. TOTAL CLAIMS TOTAL 3 \$6 18 THE

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* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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